



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/17/2014

Business ID: 562986

William M. Gardner

Secretary of State

COFACE COLLECTIONS NORTH AMERICA, INC.

2400 VETERANS BLVD STE 300

KENNER, LA 70062

ADDRESS OF PRINCIPAL OFFICE:

50 MILLSTONE ROAD B100 S360

EAST WINDSOR, NJ 08520

REGISTERED AGENT AND OFFICE:

NATIONAL REGISTERED AGENTS, INC.

SULLOWAY & HOLLIS, 9 CAPITOL STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 562986

STATE OF DOMICILE: DELAWARE

DEBT COLLECTIONS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

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The new principal office address 2400 Veterans Boulevard, Ste. 300, Kenner, LA 70062

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Thomas Brenan

STREET 2400 Veterans Boulevard, Ste. 300

CITY/STATE/ZIP Kenner LA 70062

OTHE. James McDermott

STREET 2400 Veterans Boulevard, Ste. 300

CITY/STATE/ZIP Kenner LA 70062

OTHE. Brian Balluff

STREET 2400 Veterans Boulevard, Ste. 300

CITY/STATE/ZIP Kenner LA 70062

NAME

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Thomas Brenan

STREET 2400 Veterans Boulevard, Ste. 300

CITY/STATE/ZIP Kenner LA 70062

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Thomas Brenan

Please print name and title of signer:

Thomas Brenan

/

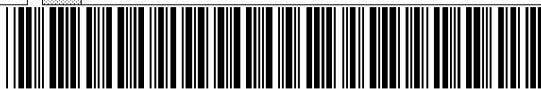
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



056298620141004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301